

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
097889015

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
	1	1							
2	1						51		
3	2						52		
4	0						53		
5	0						54		
6	0						55		
7	0						56		
8	0						57		
9	0						58		
10	0						59		
11							60		
12	0						61		
13	1						62		
14	1						63		
15	1						64		
16	1						65		
17	1						66		
18	1						67		
19	1						68		
20	1						69		
21	1						70		
22	1						71		
23	1						72		
24	1						73		
25	1						74		
26	1						75		
27	1						76		
28	1						77		
29	1						78		
30	1						79		
31	1						80		
32	1						81		
33	1						82		
34	1						83		
35	1						84		
36	1						85		
37							86		
38							87		
39							88		
40							89		
41							90		
42							91		
43							92		
44							93		
45							94		
46							95		
47							96		
48							97		
49							98		
50							99		
TOTAL IND.	6						100		
TOTAL DEP.	21								
TOTAL CLAIMS	27								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS